



Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 2082

SERIAL NUMBER 09/198,087	FILING DATE 11/23/1998 RULE	CLASS 606	GROUP ART UNIT 3731	ATTORNEY DOCKET NO. QUIC-1
APPLICANTS STEPHEN COLVIN, NEW YORK, NY; EUGENE GROSSI, NEW YORK, NY; ALLAN KATZ, FREEPORT, NY;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/28/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 34
Verified and Acknowledged Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 4
ADDRESS Todd S. Sharinn Greenburg Traurig LLP 885 Third Avenue 21st Floor New York ,NY 10022				
TITLE PASSIVE KNOTLESS SUTURE TERMINATOR FOR USE IN MINAMALLY INVASIVE SURGERY AND TO FACILITATE STANDARD TISSUE SECURING				
FILING FEE RECEIVED 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/198,087	11/23/98	606	3732	QUIC-1

APPLICANT
STEPHEN COLVIN, NEW YORK, NY; EUGENE GROSSI, NEW YORK, NY; ALAN KATZ,
FREEPORT, NY. Paul Oddo, Freeport, N.Y.

****CONTINUING DOMESTIC DATA*******

VERIFIED

None

****371 (NAT'L STAGE) DATA*******

VERIFIED

None

****FOREIGN APPLICATIONS*******

VERIFIED

None

FOREIGN FILING LICENSE GRANTED 12/28/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 4
Verified and Acknowledged <i>Examiner's Initials</i> _____ <i>Initials</i> _____					

ADDRESS
TODD S SHARINN
PEPE & HAZARD
225 ASYLUM ST
HARTFORD CT 06103

TITLE
PASSIVE KNOTLESS SUTURE TERMINATOR FOR USE IN MINAMALLY INVASIVE
SURGERY AND TO FACILITATE STANDARD TISSUE SECURING

FILING FEE RECEIVED \$1,090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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